

Well Name _____



DEPARTMENT OF MINES, MINERALS AND ENERGY
DIVISION OF GAS AND OIL
P.O. BOX 1416
ABINGDON, VA 24210
(276) 676-5423

REPORT ON COMPLETION OF WELL WORK

Pursuant to § 5(K) of the Regulations under the Virginia Geothermal Resource Conservation Act, the undersigned well operator reports completion of the type (s) of well work specified below on the referenced well in _____ District, _____ County, Virginia on _____ day of 20____.

WELL TYPE: Production _____/ Injection _____/

WELL IDENTIFICATION NUMBER: _____

WELL LOCATION: _____

WELL WORK: DRILL ____/ DEEPEN ____/ REDRILL ____/
 PLUG OFF OLD FORMATION ____/ PLUG ____/ REPLUG ____/
 OTHER PHYSICAL CHANGES TO THE WELL (please specify) _____

LIST ATTACHED DRILLING LOGS: _____

The well work was done as shown in the Appendix (es) applicable to the type (s) of well work involved. If the well work included the drilling of a new well, the certification of the location is on DGO-G-04A Form.